

Santa Clara County
Public Health Department

Disease Prevention & Control

Perinatal Hepatitis B Prevention Program

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San Jose, CA 95126

Tel (408) 885-4214 Fax (408) 792-1304 www.sccphd.org/perinatalhepb



HOSPITAL NOTE

Date:

From:

To: Labor / Delivery and Newborn Nursery Staff:

This is an alert notification that the infant born to _____
DOB _____ must receive Hepatitis B Immune Globulin (HBIG) and Hepatitis B
Vaccine # 1 as soon as possible after birth.

To:

Please bring this "Hospital Note" and give it to the nurse taking care of you when you are in labor.

Khi đi sanh, xin mang theo "Bức Thư Cho Bệnh Viện" này giao cho y tá đỡ đẻ trong phòng sanh.

請在生產之日攜帶本「醫院通知」並交給為妳提供分娩護理的護士。

분만 시에 이 "병원 기록"을 가져가서 담당 간호사에게 주십시오.

Favor de traer este "Aviso para el hospital" y entregueselo a la enfermera que la va atender durante el momento del parto.

សូមមេត្តយកសេចក្តីបញ្ជាក់មន្ទីរពេទ្យនេះទៅជាមួយ ហើយប្រគល់ទៅឱ្យគិលានុបដ្ឋយិកា
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